

POSITION	ID NO.	DATE
CLASSIFIER	71	11-3-97
EXAMINER	709	1-5-93
TYPIST	72	1-5-93
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
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Claim	Date
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Best Available Copy

SYMBOLS

-	Rejected
-	(Through number) Canceled
+	Restricted
N	Non-elected
-	Interference
A	Appeal
O	Objected

(LEFT INSIDE)